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FILED

NOV 28 2007
 NOV 28, 2007
 MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Daniela M. Sardisco</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Daniela M. Sardisco 306 Charmille Lane P.O. Box 87 Wood Dale, IL 60191</p>		<p>B. Received by (Printed Name) Daniela M. Sardisco</p> <p>C. Date of Delivery 11-26-07</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7002 2410 0004 0702 4900</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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